

JEFFERSON COUNTY SHERIFF'S DEPARTMENT

Authorization to Release Information

I, (please print clearly) _____, hereby
authorization to any person or entity, public or private, having any any information concerning me
background, including but not limited to, credit records, criminal law violations, education records,
driving record, state tax records, employment records, professional licenses and disciplinary matters to
release such information to a state agency. This information is to be used for possible employment with
the Jefferson County Sheriff's Department. I understand that if the Jefferson County Sheriff's
Department requests a national check of the Criminal History Records Information Database, I have the
following rights: 1. To obtain a copy of any background check report; and 2. To challenge the accuracy
and completeness of any information contained in any such report and obtain prompt determination as
the validity of such challenge before a final determination is made by the Jefferson County Sheriff's
Department. I understand that if the Jefferson County Sheriff's Department has a business necessity to
request a credit history check, I will be provided a separate release form to sign. I further authorize,
intend and understand that this release of information shall continue and remain in full force and effect
at all times during my employment with the Jefferson County Sheriff's Department and may be used at
any time during my employment with the Jefferson County Sheriff's Department

Signature/ Date

Street Address

Date of Birth

City, State & Zip

Telephone Number

License Number

Exp. Date

Social Security Number**

Other Names or Aliases

**The Jefferson County Sheriff's Department is requesting your social security number under the
authority Indiana Code (IC 4-1-8) to accomplish statutory purposes. Disclosure is State form Number
51334 (4-03)

Position Applied for _____

We consider applications for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence or disability or any other legally protected status.

Personal Data

Last Name _____ First Name _____ Middle _____ Maiden _____

Street Address _____ City _____ State _____ Zip _____

Telephone Number _____ Cell Number _____

_____-_____-_____
Social Security Number

{You are required to disclose your social security number on this application. However, if employed, you will be required to disclose this information for Tax Withholding Purposes.}

Willing to Work: Temporary [] Part Time [] Shift Work [] Weekend/ Holiday Work []

Are you 18 years of age or older: YES [] NO []

Are you eligible to work in the United States either because you are a US Citizen or have US Government permission to do so?
YES [] NO []

If offered employment, you will be required to provide documentation to verify eligibility. Failure to provide the requested information may result in a determination that the applicant is ineligible for employment in the United States

Have you ever worked at the Jefferson County Sheriff's Department? YES [] NO []
If YES, when? _____

Give name, relationship and department of any relatives that are currently employed with Jefferson County, Indiana.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Are you able to perform the job duties listed for the position you are applying for without any accommodations?

YES [] NO [] If No, What accommodations are needed? _____

Do you have a valid Drivers License? YES [] NO [] (This position requires that you have a Drivers License?

License Number: _____ Type: _____ State: _____

Have you had any traffic violations in the past three years? YES [] NO []

If YES, Please indicate the offense: _____

Do you have a CDL? YES [] NO [] Class? _____

Have you ever been convicted or are you now under charges for any criminal offense? YES [] NO []

(Omit non-moving traffic violations and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law)

If YES, give complete details:

DATE: _____ LOCATION: _____

CHARGES: _____

NOTE: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

EDUCATION	Name/ Address	Course of Study	Dates Attended	Diploma/ Degree
High School/ GED				
Technical School/ Community College				
Undergraduate School				
Graduate/ Professional School				
Other (Specify)				

Describe any certifications, specialized training, apprenticeship, skills and/or extra-curricular activities. Include any I.L.E.A. training, law enforcement training, IDOC training, office equipment, computer skills, foreign language skills and special honors that may relate to the position for which you are applying (Please include copies of all certifications/ training):

REFERENCES

List three Professional references that have not been your direct supervisor:

Name: _____ Phone: _____
Address: _____ City: _____ State _____ ZIP _____

Name: _____ Phone: _____
Address: _____ City: _____ State _____ ZIP _____

Name: _____ Phone: _____
Address: _____ City: _____ State _____ ZIP _____

List three personal references that are not related to you and are not previous employers:

Name: _____ Phone: _____
Address: _____ City: _____ State _____ ZIP _____

Name: _____ Phone: _____
Address: _____ City: _____ State _____ ZIP _____

Name: _____ Phone: _____
Address: _____ City: _____ State _____ ZIP _____

MILITARY

Branch _____ M.O.S. _____

Training (List certifications) _____

DISCHARGE DATE: _____ (Provide copy of DD214)

WORK HISTORY

Describe your work history beginning with your current/ most recent employer. Include Military and volunteer experience. Use Additional sheets if necessary. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary.

Company Name: _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

Employment Dates: FROM _____ TO: _____

Name of Supervisor: _____ Annual Salary: \$ _____

Position Held: _____ Reason for Leaving: _____

Duties Include: _____

Company Name: _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

Employment Dates: FROM _____ TO: _____

Name of Supervisor: _____ Annual Salary: \$ _____

Position Held: _____ Reason for Leaving: _____

Duties Include: _____

Company Name: _____ Phone Number _____

Address: _____ City _____ State _____ Zip _____

Employment Dates: FROM _____ TO: _____

Name of Supervisor: _____ Annual Salary: \$ _____

Position Held: _____ Reason for Leaving: _____

Duties Include: _____

Have you ever been disciplined, fired and/ or asked to resign from any job? YES [] NO []

If YES, why? _____

A Resume may be attached only as additional information and will not be accepted in lieu of completing this section.

ALCOHOL AND CONTROLLED SUBSTANCE TESTING

As a condition of employment by the Jefferson county Government, you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. Employees must report any conviction under a criminal drug statute to their supervisor. A report of the conviction must be made within five days after the conviction. (The requirement is mandated by the Drug Free Workplace Act of 1988.) In order to be employed by Jefferson County Government, you must successfully pass the screening test.

By signing this form, you are acknowledging that you consent to such an examination and screening test and will abide by the Drug Free Workplace policy of Jefferson County.

DATE: _____

Signature: _____

**CERTIFICATION AND AGREEMENT
AUTHORIZATION TO RELEASE INFORMATION
CONDITIONS OF EMPLOYMENT**

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts or falsification of this information are grounds for refusal to hire, or if hired, termination.

I authorize any person or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize any person, on behalf of Jefferson County, to obtain a criminal history check and a driving record.

I authorize you to request, receive and verify all information given in this application.

If I am employed by the Jefferson County Government, I agree to conform to the policies, rules and regulation of the government set forth in the Jefferson County Government's Personnel System, employee handbook, policies and procedures and acknowledge that these policies, rules and ordinances may be changed, withdrawn and/or added to by the employers at any time, at the employer's sole option. I have familiarized myself with the policies and ordinances.

I further acknowledge that if I am employed by the employer, my employment will be at-will and may be terminated with or without cause at any time, by me or by the employer until I become a non-probationary regular full-time employee.

If required by Jefferson County Government for the position I am applying for, I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

Before an applicant can be selected for employment with Jefferson County Government, he/she must submit to a drug test screening. Should you be offered a job with Jefferson County Government, your position may require random drug test screenings as well.

May we contact your current employer(s)? YES ☐ NO ☐ Presently not employed ☐

You must sign this "Authorization to Release Information" form to enable us to contact prior employers, even though we may contact your present employer.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

Privacy Notice

The following information is requested in order to ensure equal opportunity and for your record keeping purposes only. Disclosure is completely voluntary. Your application will not be rejected if you chose not to disclose the requested information. If you choose to disclose the following information, it will not be used to discriminate against you in the employment process.

PART I:

RACE- (Check only ONE)

White ☐

Hispanic ☐

Asian or Island Islander ☐

Black ☐

American Indian or Alaskan Native ☐

Other ☐ _____

PART II:

SEX- (Gender)

Male ☐

Female ☐

PART III:

AGE-

Are you over 40? YES ☐

NO ☐

PART IV:

DISABILITY-

The Government defines an individual with a disability as any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities (e.g. seeing, hearing, working)
2. Has a record of such impairment or
3. Is regarded as having such an impairment

In accordance with this definition, do you regard yourself as an individual with a disability?

YES ☐

NO ☐

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I, _____, hereby agree, upon a request made under the drug/alcohol testing policy of Jefferson County, to submit to a drug or alcohol test and to furnish a sample of my urine, breath and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test, under County policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination.

I further authorize and give full permission to have Jefferson County send the specimen or specimens so collected, to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release and all documentation relating to such test to the County and/ or to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless Jefferson County, and any testing laboratory the county might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if the County or Laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the county and any testing laboratory the county might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT JEFFERSON COUNTY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

Employee Name

Date: _____

County Representative

Date: _____